

# SPT

## Maine Revenue Services Service Provider Tax



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Registration No.

Business Code

Period Begin

Period End

\*0541000\*

Due Date

### 1. Entity Information

#### ***Use this area only to report changes in your business***

2. **OUT OF BUSINESS?** Check here ☐ , return permit to Bureau and complete information at right. Date closed: \_\_\_\_\_
3. **OWNERSHIP CHANGE?** If you have changed ownership, indicate the date when this occurred here \_\_\_\_\_ and check the type of change below.
- ☐ Incorporated ☐ Partner added or dropped
- ☐ Other (explain on reverse) \_\_\_\_\_
- ☐ Sold to \_\_\_\_\_
4. **NAME CHANGE?** Attach explanation to this return.

ADDRESS CHANGE?: If your address above is incorrect, please make the appropriate changes to the preprinted address.

**Do Not Use Red Ink!**

<b>Services</b>	Gross Services	1. _____
	Exempt Services	2. _____
	Taxable Services (lines 1-2)	3. _____
<b>Breakdown of Taxable Services</b>	Extended Cable TV Service	4. _____
	Fabrication Services	5. _____
	Video Rentals	6. _____
	Rent-to-Own	7. _____
	Telecom Services	8. _____
	Private Non-Medical Institution	9. _____
	Community Support Services	10. _____
	Day Habilitation Services	11. _____
	Personal Support Services	12. _____
	Residential Training Services	13. _____
<b>Total Services</b>	Add lines 4 thru 13. Total must agree with Line 3.	14. _____
<b>Total Tax</b>	Line 14 @ 5%	15. _____
<b>Credits</b>	Credit Carry Forward From Prior Period	16. _____
<b>Amount Due</b>	Line 15 less line 16. Use line 18 if the result is a credit amount.	17. _____
<b>Credit Due</b>	If line 15 less line 16 is a credit amount, enter the amount to the right. If you wish a refund rather than a carry forward to the next period, check here <input type="checkbox"/>	18. _____



Mail To:  
Maine Revenue Service  
P.O. Box 1065  
Augusta, ME 04332-1065

Signature/Title

Print Name

Date

Phone #